Local Source Water Grant: Quarterly Progress Report Form

The Local Source Water Grant Process Report Form <u>must</u> be completed by grant recipients four times annually (each three month time period), beginning with the first full three month quarter after grant approval by the Governor & Council. Forms may be completed by subcontractors.

Gant ID# (SW-XXX)							
Name of Project							
Contact Person							
Contact Phone Number							
Organization Name and Address							
Date Form Completed							
Check the quarter this report represents. (Select One)							
Jan- Mar Ar	or - Jun	Jul - Sep	Oct - Dec	Extended			
1. Check "Yes" if the project is on schedule to be completed within the timeframe as stated in the grant agreement or amended through the Governor & Council? If not, please explain why. Yes 2. Please list the project tasks by number as identified in the approved scope of work that have been worked on or completed since the previous quarterly report, and briefly describe the progress made during the quarter.							

3.	Do you anticipate If Yes, please exp	e any changes to the sc blain.	ope of work or	set of deliverables?		
4. Do you expect to request an extension for this grant? All work must be completed and submitted to DES prior to the completion date noted in the G&C approved contract or an extension is required. If you expect to file for an extension, please notify DES at least three months in advance of your current completion date.						
		Yes, I expect to		No, I do not expect		
		request an		to request an		
		extension		extension		
6.	Comments / Rema	urks				
		HAMPSHIRE ARTMENT OF Imental Services	Source Wate P.O. Box 95 29 Hazen Di	ly Engineering Bureau er Protection Program rive H 03302-0095		
Email this report and/or summary reports required in your scope of work to the appropriate DES staff contact for the grant.						